EF-236-R07-0519-21000209-1 BOE-236 REV. 07 (05-19)

## **EXEMPTION OF LEASED PROPERTY** HEED EVELUEIVELY AND SOLELY



## **SHELLY SCOTT** ASSESSOR-RECORDER-COUNTY CLERK

**EXEMPTIONS DIVISION** PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-3794 FAX (415) 473-6542 www.marincounty.gov

OSED EXCLUSIVELT AND SOLE	LI	
FOR LOW-INCOME HOUSING		
This plains is filed for fiscal year 20	20	

(mane necessary concentrate and pr	rinted name and mailing address)	nailing address)				
Γ	mice name and maining address)	٦		FOR ASSES	SOR'S USE ONLY	
			Received by	,		
					(Assessor's designee)	
			of	ounty or city)	on	
L		_				
NAME OF ORGANIZATION						
MAILING ADDRESS (number and street)			CITY, STATE	, ZIP CODE		
ADDRESS OF PROPERTY FOR WHICH TH	HE EVENDTION IS OF AIMED (number	r and street city)			ASSESSOR'S PARCEL NUMBER	
NUDRESS OF PROPERTY FOR WHICH IT	TE EXEMIPTION IS CLAIMED (NUMBE	r and street, city)			ACCESCONO I ANCLE NOWBER	
Was the property leased to the less more? (The Assessor may require a YES NO	•	, or was the lea	ase transferred t	o the lessee w	rith a remaining term of 35 years or	
2. Was the property used exclusively a 50093 of the Health and Safety Cod  YES NO  An affidavit affirming that the tenants	e?					
is attached will be proven the exemption cannot be allowed will	vided within days ithout the income affidavit.				s filed by the lessor).	
The exemption cannot be allowed with the property is leased and operated.	ithout the income affidavit.  I by a (check one):	will be provide	ed by the lessee	e (if this claim is	s filed by the lessor).	
The exemption cannot be allowed words.  The property is leased and operated a. Religious, hospital, scientific, Welfare Exemption provided by	ithout the income affidavit.  I by a (check one): or charitable fund, foundation, or by section 214 of the Revenue and	will be provide	ed by the lessed	e (if this claim is	s filed by the lessor).  lessee must file and qualify for the	
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